

Case Number:	CM13-0066115		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2011
Decision Date:	03/20/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 36 year old male, who sustained an industrial injury on 02/01/2011. He has reported shoulder pain. The diagnoses have included status post left shoulder diagnostic and operative arthroscopy 05/10/2013. Treatment to date has included conservative care and a left shoulder diagnostic and operative arthroscopy. Currently, the IW gives complaint of difficulty with overhead activities. The examining physician recommends that he have additional physical therapy as he continues to have stiffness, achiness and pain with loss of motion, weakness and functional deficits, and would benefit from physical therapy in order to return to full function. The original request for authorization and the office note by the physician dated 10/25/2013 and a MRI report for the left shoulder dated 04/04/2011 are not found in the accompanying medical records. On 11/14/2013 Utilization Review non-certified a request for 12 Physical Therapy for the left shoulder, 2 xs per week x 6 weeks as an outpatient noting the treating provider did not describe the clinical necessity for ongoing formal physical therapy versus a self-directed home exercise program. The MTUS, Chronic Pain Guidelines were cited. On 12/16/2013, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 Physical Therapy for the left shoulder, 2 x per week x 6 weeks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of post-surgical shoulder pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. Post-surgical treatment for arthroscopic shoulder surgery recommends a total of 24 sessions over 14 weeks in the immediate post-operative period. In this case, it is not documented how many therapy sessions were completed in the post-operative period. The treating provider has not described the clinical necessity for ongoing formal physical therapy versus a self-directed home exercise program. The guideline criteria have not been met. Medical necessity for the requested services (12) have not been established. The requested PT services are not medically necessary.